

www.mass.gov/abcc

LICENSE NUMBER	R: 043200003		CITY OR TOWN	FREETOWN
APPLICATION FOI	R RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A	E HARBOR INC.		
ADDRESS 10 NAR	ROWS RD.			
CITY/TOWN: FRE	EETOWN	STATE: MA	ZIP CODE:	02702
MANAGER: DUN	NING, BRIAN TY	PE OF LICENSE: Re	staurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
SINGLE FLOOR BU STORAGE ROOM			REST ROOM, LADII	ES RESTROOM,
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	red license will be of	the same type for the	e same premises now lie	censed;
	-		monwealth relating to t	axes; and
3. the premi	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, signed	d by the building in	spector and the hea	d of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explain	ain)			
(11 disapproved expire	····· <i>)</i>			
DATE				
DATE:				
APPLICATION FOR RENEV	VAL MUST BE FILED BY I	LICENSEES DURING THE N	ONTH OF NOVEMBER (M.G.	.L. Ch. 138 \$ 16A)



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LICENSE NUI	MBER: 043200006		CITY OR TOWN FREETO	OWN
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: FREETOW	N MEMORIAL POST#664.	3 V.F.W. OF U.S.	
DOING BUSIN	NESS A			
ADDRESS 89	MIDDLEBORO RO	OAD		
CITY/TOWN:	FREETOWN	STATE: MA	ZIP CODE: 02717	
MANAGER:	GALLINARI, GEORGE	TYPE OF LICENSE: Ve	terans club CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED P			
		M USED FOR STORAGE. ID CELLAR LOUNGE	TWO REST ROOMS, MEET	ING
I hereby certify	and swear under pe	enalties of perjury that:		
1. the 1	renewed license wil	l be of the same type for the	same premises now licensed;	
2. the 1	licensee has complie	ed with all laws of the Com	nonwealth relating to taxes; and	d
3. the 1	premises are now or	en for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
D. A. TETE				
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
			(1000. <u>1101</u> marviduai 500ia	i Security (vuiliber)
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Cha d of the fire department for the rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	гелріаш)			
DATE:			-	



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LICENSE NUM	BER: 043200007		CITY OR TOWN FREETOWN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
DOING BUSIN	ME: ASSONET INN INC. ESS A VATER STREET		
CITY/TOWN:	FREETOWN	STATE: MA	ZIP CODE: 02702
MANAGER:	HADLEY, TIMM E. TYPE	OF LICENSE: Inn	holder CATEGORY: All Alcohol
EMAIL ADDRE	ESS:		
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION	OF LICENSED PREMISES	S:	
	WOODEN BLDG. 1ST FLF OMS. CELLAR FOR STOF		O FLR; 6 ROOMS. 3RD FLR; 7 ROOMS.
I hereby certify a	and swear under penalties of	perjury that:	
1. the re	enewed license will be of the	same type for the	same premises now licensed;
2. the li	censee has complied with all	l laws of the Comn	nonwealth relating to taxes; and
3. the pr	remises are now open for bu	siness (If not expla	ain below)
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, si	gned by the building inspe	ctor and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below	<u>r.</u>		LOCAL LICENSING AUTHORITY
APPROVED: [By:
DISAPPROVEI (If disapproved of			
(11 disapproved (explain)		
DATE.			
DATE:			
APPLICATION FOR R	ENEWAL MUST BE FILED BY LICE	NSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043200010	C.	ITY OR TOWN	FREETOWN	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: NEW ENGLAND FARM	IS INC.			
DOING BUSINESS A NEW ENGLAND FAR	MS			
ADDRESS 4 CHACE ROAD				
CITY/TOWN: FREETOWN S'	ΓATE: MA	ZIP CODE:	02717	
MANAGER: PRATT, THOMAS TYPE OF D.	LICENSE: Packag	ge Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMAII	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
FIRST FLOOR; 2 ROOMS FOR SALES AND BLOCK BLDG; FRONT ENTRANCE, SIDE A				
 the renewed license will be of the sat the licensee has complied with all law the premises are now open for busined 	ws of the Commor	nwealth relating to		
SIGNED BY Individual, Partner or Au	thorized Corporat	e Officer		
				7
DATE: TELEPHONE NU	MBER:		IDENTIFICATION NUMBER: vidual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHORITY	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	043200011		CI	TY OR TOWN	FREETOW	/N	
APPLICATION FOR	RENEWAL:	Annu	ıal	LICENSED FOR 2013			
		CLA	SS			YEAR	
LICENSEE NAME:	ASSONET STAR M	ARKET,IN	C.				
DOING BUSINESS A	JUNIOR'S CONVE	ENIENCE S'	ΓORE				
ADDRESS 58 SOUTH	I MAIN ST						
CITY/TOWN: FREE	TOWN	STATE:	MA	ZIP CODE:	02702		
MANAGER: VELO	ZO, GERALD TYPE	OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
2. the licensee	ONE FLOOR SELL	ING, TWO In f perjury that e same type Il laws of the	nt: for the san e Common	ne premises now wealth relating to			
SIGNED BY	Individual, Partner o	r Authorized	d Corporate	e Officer			
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:			-				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)43200012		CITY	OK TOWN	V FREETOW	VIN
APPLICATION FOR I	RENEWAL:	Annua	.1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: I DOING BUSINESS A						
ADDRESS 1 CHACE	RD					
CITY/TOWN: FREE	ΓOWN	STATE:	MA Z	IP CODE:	02717	
MANAGER: MORR	A, KELLY	TYPE OF LICENS	E:Package S	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LI WOOD FRAME BLDO CUSTOMER ENTRAI RESTROOMS	CENSED PR	ING STORAGE AN	D DISPLAY	Y SPACE M		
3. the premises	s are now ope	d with all laws of the en for business (If no artner or Authorized	t explain bel	ow)	to taxes; and	
DATE:	TELEP	PHONE NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOO By:		NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 043200013		CITY OR TO	OWN FREETOW	/N
APPLICATION	FOR RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: THE NEPHEV	W'S ITALIAN AMERIC	AN KITCHEN	, INC.	
DOING BUSIN	ESS A				
ADDRESS 2 C	ROSSROADS				
CITY/TOWN:	FREETOWN	STATE: MA	ZIP COD	DE: 02702	
	STAPLETON, RONALD A.	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
-	OF LICENSED PRE				
40X48 GREAT	ROOM (DINING AI	REA & BAR,) & A 20'X	(28' KITCHEN. 		
L haraby cartify	and swear under pena	alties of parium that			
		e of the same type for the	e same premise	s now licensed:	
		with all laws of the Con	-		
3. the p	oremises are now oper	n for business (If not exp	olain below)		
SIGNED BY					
	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:			EMD	LOVED IDENTIFICAT	CION MUMBER
DATE.	TELEPH	HONE NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
				marriadan social s	recurry rumber,
Acts of 2004, s	igned by the buildin	e are in possession (1) t g inspector and the hea te of liquor liability ins	ad of the fire d	epartment for the	above
Please Check Belov	<u>w:</u>		LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0432000	17	CITY OR TOWN	FREETOWN
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MASON	ROAD FOOD MART CORP	•	
DOING BUSINESS A PRIME	EXPRESS		
ADDRESS ONE MASON ROA	ΔD		
CITY/TOWN: FREETOWN	STATE: MA	ZIP CODE:	02717
MANAGER: TAVAREZ, JOS	SE TYPE OF LICENSE:Pa	ackage Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u></u>
DESCRIPTION OF LICENSEI	PREMISES:		
PREMISES ARE 4,500 SQ. FT BATHROOMS; BASEMENT S			TRANCES TWO
3. the premises are now	plied with all laws of the Com open for business (If not exp	_	o taxes; and
SIGNED BY Individua	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 043200019	9	CITY OR TOWN FREETO	OWN
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: Southcoast	t Food, LLC		
DOING BUSINESS A Assonet I	Pizza		
ADDRESS 66B South Main St			
CITY/TOWN: FREETOWN	STATE: MA	ZIP CODE: 02702	
MANAGER: PEREIRA, JOHN	K. TYPE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
pizza parlor with booths and cour	nter seating with one exit in fr	ont and two in rear	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	lied with all laws of the Comr	nonwealth relating to taxes; ar	nd
3. the premises are now	open for business (If not expla	ain below)	
SIGNED BY			
Individual	l, Partner or Authorized Corpo	orate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	ial Security Number)
		4.00 4 11 01	4 204 64
We the undersigned, attest tha Acts of 2004, signed by the bui	- , ,	2 0	•
named license and (2) the certi			
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
		-	
DATE:		-	
APPLICATION FOR RENEWAL MUST BE F	TILED BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	43200020		CI	IY OK IOV	VN FREE	IOW.	IN
APPLICATION FOR R	ENEWAL:	Annua	al	LIC	CENSED FO	OR 20	13
		CLAS	SS			,	YEAR
LICENSEE NAME: G DOING BUSINESS A ADDRESS 9 SOUTH M	•						
CITY/TOWN: FREET		STATE:	MA	ZIP CODE	:: 0270	2	
MANAGER: BORGE A.					CATEGO		Wine and Malt Regular
EMAIL ADDRESS:							
	ASE ALSO VISIT OUR WEBS		YOUR EMAIL	ADDRESS			
DESCRIPTION OF LIC			I ENTER	ANGE AN	N ENAME DI		ED DI
RETAIL LIQUOR STO ENCLOSED BLDG. PI		STRIP MAL	L . ENTR	ANCE ANI	EXITS DI	ETAIL	LED IN
3. the premises SIGNED BY	nas complied with al are now open for bu	siness (If no	ot explain	pelow)	ng to taxes;	and	
DATE:	TELEPHONE I	NUMBER:					ION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			_	LOCAL LIC	ENSING A	UTHC	DRITY
DATE:			=				